Double-barreled cannon and branched stent-grafting for thoracoabdominal aortic aneurysm—the Hexapus technique

I-Ming Chen, MD, PhD
2015 SVS International Scholar
CVS department, Taipei Veterans General Hospital
Disclosure

Speaker name:

..............................................................

I have the following potential conflicts of interest to report:

☐ Consulting

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☑ I do not have any potential conflict of interest
Aorta anatomy determines how easy or difficult we treat aorta disease!!
It’s all about the branches!
Chimney graft technique was first described in 2003.


Achille’s heel of chimney and periscope is Gutter leak.
Thoracoabdominal aneurysm repair by T-branch stent graft
Case presentation

A 62 y/o female with complaint of severe back pain
Heavy smoker, HTN
Pre-op work-up:
CAG: insignificant
Severe obstructive pulmonary disease,
FEV1/FVC: 56%
Normal renal and liver function
Pre-op CT scan
2 Gore C3 with viabahns for branches preserve
Cannulate SMA and celiac first
Cannulate renals

Coil embolised accessory renal

Short limb of main body

Cannulate renals
Hexapus stent grafting for TAAA
Post-op CT
Double barrel main body in thoracic aorta
4 limbs of 2 main body stents
4 renovisceral stents from 2 short limbs
Celiac stent with good flow
SMA stent with good flow
right renal stent with good flow
Left renal stent with good flow
Double barrel iliac legs in abdominal aorta
Conclusion

Alternative choice of treatment of TAAA

Total endovascular with good visceral flow

Long term F/U is mandatory
Conclusion

Alternative choice of treatment of TAAA

Total endovascular with good visceral flow

Long term F/U is mandatory

Thanks for your attention!
Double-barreled cannon and branched stent-grafting for thoracoabdominal aortic aneurysm—the Hexapus technique

I-Ming Chen, MD, PhD
2015 SVS International Scholar
CVS department, Taipei Veterans General Hospital